

# **Section 10: Student Concerns**

**Alcohol and Substance Abuse  
Anxiety  
Bias Incidents  
Depression/Mental Illness  
Eating Disorders  
Sexual Assault  
Suicide**

**\* Please note: Specific protocol for the above issues are listed in  
Section 8: Emergency Response Protocol.**

## **Alcohol & Substance Abuse**

### **Symptoms of Alcohol Poisoning**

- Unconscious or semiconscious and cannot be awakened.
- Cold, clammy, pale or bluish skin.
- Breathing is slow: less than eight times per minute, or irregular, with ten seconds or more between breaths.
- Vomiting while “sleeping” or passed out; not waking up after vomiting.

### **What to do**

- Get help. Call Campus Safety, an ambulance, the AC On Duty
- Do not leave the person alone.
- Turn the victim on her/his side to prevent choking in case of vomiting.
- Always be “better safe than sorry” if you are not sure what to do.

### **Signs of Substance Abuse**

#### **\*\*Pattern over period of time, not isolated instances**

- Missing deadlines.
- Mistakes due to inattention or poor judgment.
- Wastes time.
- Makes “bad” decisions.
- Improbable excuses for poor job performance.
- Friction in all student/staff/instructor relationships.
- “Wide” swings in mood.
- Overreacts to real or imagined criticism.
- Continual borrowing of money.
- Unreasonable resentments.
- Avoids other students and CF’s.

### **Signs of a Drinking Problem**

- Drinking to get drunk, or until passing out.
- Drinking at bad times: before class, before driving.
- Becoming violent, yelling, fighting.
- Not doing well in school (missing class, not studying) because of drinking.
- Switching peer groups and finding other heavy drinkers as friends.
- Having health problems, bruises and cuts, often sick.
- Experiencing blackouts or memory losses.
- Starting to use other drugs.
- Family history of chemical dependency.
- Experiencing changes in personality, a “Jekyll and Hyde” effect.

### **Setting Limits with a Friend who has a Drinking Problem**

- Don’t try to talk about “change” when your friend is drunk. Wait until your friend is sober.
- Absolutely refuse to get in a car with your friend when she or he has been drinking.
- Do not spend time with your friend when s/he is drunk.
- Do not make excuses for your friend.
- Do not do homework or write papers for your friend.
- Do not give your friend money to go out.
- Do not lie for your friend if s/he is in trouble.

### **Guidelines for Discussing Alcohol Related Behavior with a Resident**

A discussion about the misuse of alcohol should occur when the person is sober and preferably alone. These principles are just a guide, make them your own.

- Be simple and direct, speak openly and smoothly. Rushed encounters are usually not conducive to increased awareness.
- Know the basic facts regarding the behavior you are confronting, but don't try to come across as an expert.
- Be specific and clear in your confrontation. You are confronting the person's drinking behaviors, not the person or his/her behavior in general.
- Confront behaviors, not values.
  - Specify what behaviors are causing others a problem; such as damages, rowdiness, messiness, etc.
  - Specify what behaviors you observe that may be causing the person a problem - such as personal isolation, disciplinary problems, etc.
- Communicate your interest in the person and ask her/him clarifying questions:
  - How do you view your current behavior?
  - How do you think others perceive your behavior?
- Show your feelings about the confrontation. If you are angry, check to see that your anger is directed at the behavior; not the person.
- Focus on the person's strengths rather than his/her weaknesses.
- Confront behavior in a positive and constructive manner.
- Attempt to make the confrontation objective in terms of specific observed behavior.
- Maintain the offensive; don't let the individual put you on the defensive about your behavior and the fact that you may drink yourself. Remember, **use** of alcohol itself is not the problem; **abuse** is a problem.
- Stick to the issues. Don't let the person bring in a lot of outside circumstances and rationalities. For every excuse the person gives you for drinking excessively, you can probably name another person with the same problem who doesn't abuse alcohol because of it.
- Realize and convey that the confrontation is an initial conversation and referral services, time, and understanding will follow.

### **Brown County Evaluation Center (Detox) Procedures**

Brown County Evaluation Center (Detox) is located at 510 N. Front Street, New Ulm, Minnesota. Patients are admitted to BCEC by one of three methods, all of which constitute a 72-hour hold: voluntary application for admission, physician hold, or law enforcement hold.

Once a person has been admitted to the Evaluation Center, the evaluation and treatment program begins and is conducted over the next 48 to 72 hours. **Once admitted to Brown County Evaluation Center, a judge is the only person who can interrupt this process and release a patient from detox.**

#### **The first 24 hours:**

This period of time is dedicated to a medical watch. During this time the alcohol or drug used is being eliminated from the blood stream and the person may experience medical concerns due to withdrawal. Each person is monitored very carefully during this time. If it is deemed necessary, medication is given.

#### **The second 24 hours:**

After the medical watch period has concluded, the patient is involved with chemical use assessments and interviews. These procedures are designed to evaluate the extent of chemical use and to provide the appropriate referral. Most patients are discharged within 48 hours.

#### **The third 24 hours:**

This period of time is generally used when a patient is experiencing significant withdrawal or legal or social service matters are pending.

## **Anxiety**

Refer a student to the Counseling Center if a student experiencing stress in an exaggerated fashion or is struggling with excessive anxiety over a period of time

### **Symptoms of Anxiety**

#### **Behavior**

- Extreme restlessness, feeling on edge.
- Nonstop talking.
- Inability to relax.
- Easily fatigued.
- Limited or no social interaction.
- Physical signs that may indicate problems with anxiety (shortness of breath, chest pain, sweating, shaking).
- Difficulty sleeping (some kind of sleep disturbance).
- Muscle tension.
- Headaches.
- Frequent physical concerns.
- Avoidance of academic responsibilities.
- Compulsions/repetitive behaviors (hand washing, ordering, checking).
- Irritability.

#### **Cognitions (thoughts)**

- Excessive worrying in general.
- Obsessing or getting stuck on particular situations or issues.
- Incapacitating test anxiety or performance anxiety.
- Preoccupation with perfection.
- Episodes of intense fearfulness.
- Excessive worry about:
  - Being embarrassed in public.
  - Being contaminated.
  - Being away from home or close relatives.
  - Gaining weight.
  - Having a serious illness.

## **Bias Incidents**

### **Definitions:**

**Hate Crime:** A criminal offense committed against person(s) or property that is motivated by the offender's bias against a person's or group's actual or perceived race, religion, ethnicity, national origin, disability, gender, age, or sexual orientation.

**Bias-Related Incident:** An expression of hostility against person(s) or property based on the perpetrator's bias against a person's or group's actual or perceived race, religion, ethnicity, national origin, disability, gender, age or sexual orientation. Depending upon the circumstances, a bias related incident may or may not be a crime.

Many hate crimes and bias incidents are anonymous and challenging to acquire evidence, but that does not mean we should ignore them.

### **What can I do if someone reports that they have been the victim of a hate crime or bias related incident?**

1. Make sure the victim is safe.
2. Remove them from potentially dangerous situations as quickly as possible.
3. If the victim is **NOT in immediate danger**, encourage them to report the incident to Campus Safety and offer your assistance in the process.
  - a. If the victim does not want to report to Campus Safety, inform the victim that you are mandated to report crime. Inform the victim that the College's bias response team will respond.
  - b. Write a report immediately following the conversation.
4. If the victim is **in immediate danger**, the **situation is escalating**, or if there is **evidence that needs to be documented/collected** call Campus Safety and AC on Duty immediately.
  - a. Inform the victim that the College's bias response team will respond.
  - b. Write a report immediately following the incident.

### **What will the College do when an incident is reported?**

- Gustavus will respond promptly and seriously.
- Treat students and their concerns with respect and sensitivity.
- Identify options for action.
- The Dean of Students or his designee will convene a response team to review what has occurred, to identify options for action, and to assist both victims as well as the campus community.
- Assistance may include (taking into account various interests such as personal safety and confidentiality):
  - Changes in campus housing
  - Changes in course schedule
  - Initiation of criminal or campus judicial action
  - Support for individuals or groups
  - Communication about the incident as appropriate.
  - Promotion of education and awareness.
  - Support for the victim on campus
    - Counseling center
    - Residential Life
    - Diversity Center

### **What can I do to make a difference?**

- Challenge others when they make negative comments or jokes based on a person's race, ethnicity, gender, sexual orientation, ability or religion.
- Learn more about prejudice and discrimination and their effects on you and your community.
- Check your attitude and behaviors for bias and prejudice.
- Think carefully about the words and phrases you use because they may be degrading or hurtful to other people.
- Openly disagree when you hear someone humiliating another person because of that person's race, ethnicity, gender, sexual orientation, ability or religion.
- Treat people fairly and speak up when friends and classmates/co-workers don't treat others fairly.
- Praise and support others who behave in ways that support cultural diversity and inclusiveness in the Gustavus Community.
- Take time to notice the subtle ways in which you or others treat people differently based on their race, ethnicity, gender, sexual orientation, ability or religion.

### **For more information:**

#### **National Criminal Justice Reference Service:**

[www.ncjrs.gov/spotlight/hate\\_crimes/summary.html](http://www.ncjrs.gov/spotlight/hate_crimes/summary.html)

#### **Tolerance.org:**

[www.tolerance.org/index.jsp](http://www.tolerance.org/index.jsp)

## **Depression/ Mental Illness**

### **Depression:**

- **Is not:**
  - Temporary “blue moods” experienced by everyone.
  - Painful but passing sad feelings after a loss.
  - A condition that can be willed or wished away.
  - An illness that people can “pull themselves together” and snap out of it.
  
- **Comes in various forms:**
  - Can occur suddenly for no apparent reason.
  - Can be triggered by a stressful experience.
  - Can be either a onetime episode.
  - Can be chronic.
  - Bi-polar type: person experiences cycles of terrible “lows” and inappropriate “highs”.
  
- **Is serious:**
  - Involves the whole person: feelings, body, thoughts, and behaviors.
  - Thoughts of death and suicide are a typical symptom of depression.
  - An estimated 15 percent of those with depression commit suicide.
  - Depression is considered to be the underlying cause in half of all suicides.
  - Any mention of suicide should be taken seriously- such as “I wish I were dead,” or “Everyone would be better off without me.”

### **Symptoms of Depression (ABC's)**

#### **Affect (Mood)**

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in ordinary activities including sex

#### **Behavior**

- Withdrawal from family and friends
- Sleep disturbances (insomnia, early morning waking, or oversleeping)
- Eating disturbances (either loss or gain of appetite and weight)
- Decreased energy, fatigue, being “slowed down”
- Restlessness, irritability
- Increased alcohol consumption
- Physical symptoms, such as headaches, digestive disorders, and chronic pain that do not respond to treatment
  - **Behavioral Symptoms of Masculine Depression**
    - Bad temper
    - Aggression following significant loss
    - Engaging in activities that have a high capacity for physical injury
    - Substance abuse
    - Vague feelings of dissatisfaction
    - Emotional numbness
    - Partner knows more about his feelings than he does
    - Physical or emotional abuse
    - Distracted through work or sports

- Impoverished friendships
- Interpersonal aloofness
- Rush to intimacy following loss
- Extramarital affairs

### **Cognitions (Thoughts)**

- Thoughts of death or suicide, suicide attempts
- Difficulty concentrating, remembering, making decisions

### **Indications of Mental Illness**

- 1. Any marked changes in the behavior of the student.**
  - Large weight gain/loss
  - Becoming ill-kempt in appearance--not bathing or changing clothes
  - Withdrawing into one's room and letting friendships deteriorate
  - Becoming sociable and euphoric-appearing
  - Increase in the use of alcohol (or other drugs).
- 2. Any mention of suicide or self-harm; or wanting to kill or harm someone else.**
  - References to suicide or homicide need to be taken seriously, even if they appear to be jokes.
  - Don't be afraid to ask *directly* about the seriousness of such references!
- 3. Knowledge of traumatic events in the lives of your students.**
  - Death in the family or close friend.
  - Sexual assault, past or present.
  - Loss of a boyfriend or girlfriend.
  - Loss of a job, scholarship, or self-esteem.
- 4. Continual abuse of alcohol and/or other drugs.**
  - Suggests a strong need to withdraw from the painfulness of reality.
- 5. Physical symptoms**
  - Frequent headaches
  - Stomachaches
  - Sleeping very long hours (more than 10 hours per day)
  - Sleeping very little (less than 4-5 hours per day)
  - Severe anxiety attacks.
- 6. Lack of energy and interest in things and other people.**
  - Chronic withdrawn.
  - Showing little emotion and seeming overly bland.
    - Such people cause few, if any, "problems," but have a higher than normal potential for suicide.
- 7. Incoherent thoughts and speech, which indicates a loss of contact with reality.**
  - Ramble on about things or in a style that is clearly bizarre.
    - These signs of psychological disturbance are dramatic and easily detected in a brief open-ended conversation with the person, i.e., letting the student talk about whatever he/she chooses to bring up.

## **Eating Disorders**

### **Symptoms of Eating Disorders**

#### **Anorexia Nervosa**

- Deliberate self-starvation with weight loss
- Intense, persistent fear of gaining weight
- Self restrictive eating
- Denial of hunger
- Distorted body image
- Abnormal weight loss
- Absent or irregular menstruation
- Hair loss
- Persistent laxative use

#### **Bulimia Nervosa**

- Preoccupation with food
- Binge eating, usually in secret (Rapid consumption of a large amount of food in a certain period of time)
- Vomiting after bingeing
- Abuse of laxatives, diuretics, diet pills, or emetics
- Compulsive exercising
- Broken blood vessels in eyes
- Dental erosion
- Weight loss is not always a product of Bulimia

#### **Psychological Repercussions from Eating Disorders**

- Depression
- Suicidal thoughts
- “All or nothing” thinking
- Shame and guilt
- Perfectionism
- Mood swings
- Long term physical complication (dangerous to heal, complications could cause death)
- Impaired family and social relationships
- Sexual side affects
- Sleep disturbance
- Crying spells
- Low self-esteem
- Withdrawal

#### **Confronting the Eating Disorder**

- **Who?**
  - Who is the best person to speak to the individual with the suspected eating disorder?
- **When?**
  - Pick a time when you are not feeling angry or guilty.
- **Where?**
  - Find a private setting that allows everyone concerned to express his or her feelings.

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- **Why?**
  - Anorexia and bulimia do not go away by themselves. It is very difficult for the person with an eating disorder to overcome this potentially life-threatening problem on their own. Ending the secrecy associated with an eating disorder is the first step towards overcoming it.
- **What?**
  - Decide what you want to say. Write it down and practice with someone else present.
    - What is happening that makes you suspect a problem?
    - How do you feel about the problem?
    - What would you like to see happen differently as a result of the conversation?
- **What is your goal?**
  - You cannot force change- they must be ready to do this themselves!

## **Sexual Assault**

### **From the Gustie Guide: What is Sexual Assault?**

Sexual assault is any physical contact of a sexual nature which occurs by force or coercion or which is directed at a person who is physically helpless or mentally impaired or incapacitated. Mental incapacitation includes intoxication. Sexual assault is not limited to sexual intercourse (2009-2010 Gustavus Guide).

### **What is the Gustavus Sexual Assault Response Team (SART)?**

The Gustavus Sexual Assault Response Team is the first contact in any sexual assault case that involves Gustavus students. Gustavus has gathered a team of professional staff members who are trained and prepared to respond to incidents of sexual assault, past or present. SART members provide assessment, referral, and follow-up in a confidential manner. They are trained to provide resource information, survivor support, and can assist the survivor in navigating reporting options and follow-up care.

### **What do I do if a student discloses that they have experienced sexual assault, past or present?**

#### **Step 1: Attend to the survivor.**

- Believe them, be supportive and non judgmental.
- DO NOT blame them in any way for being assaulted.
- Ask before you touch them.
- Attend to the immediate safety and welfare needs of the individual.
- Listen to them.
- Recognize your own limitations.
- Understand that it is very common that you will experience effects from supporting them in their experience.

#### **Step 2: Determine urgency of the incident.**

- If the need is **immediate** (the assault happened within 72 hours), talk with the survivor about immediately contacting a SART member and **proceed to Step 3**.
- If the need is **not immediate**, work with the survivor to assist in selecting a SART member to construct an appropriate response plan.
- If the report comes from a secondary source, contact a SART member for the secondary source to talk with.

#### **Step 3: Call a SART member for assistance.**

- Professional and student staff of the College are mandated reporters and must refer students to the Sexual Assault Response Team member (SART).
- Contact Campus Safety to contact a SART member. **NOTE:** Do not give any identifying information to Campus Safety about the survivor in order to protect his/her confidentiality.

#### **Step 4: Respect confidentiality.**

- Respect student confidentiality by letting the survivor know that you will only be reporting to a SART member and not sharing information with other staff, faculty, or students.
- The SART member will work with the survivor to report any necessary information, freeing staff from any reporting responsibilities.
- If you need to process your experience, you can feel free to talk with a counselor, health services staff or chaplain as they are bound by confidentiality and are safe to share with in order to protect the survivor. All other campus resources are not confidential.

### **Facts about Sexual Assault**

- 1 in 6 women and 1 in 33 men will be sexually assaulted in their lifetime.
- College age women are 4 times more likely to be sexually assaulted.
- Sexual Assault survivors are 3 times more likely to suffer depression, 13 times more likely to abuse alcohol, 26 times more likely to abuse drugs, and 4 times more likely to contemplate suicide.
- In 2007, there were 248,300 victims of sexual assault (NOT including survivors 12 years or younger).
- Every 2 minutes someone in the U.S. is sexually assaulted.
- 60% of sexual assaults are not reported to the police.
- Approximately 73% of rape victims know their assailants.
- Only 6% of rapists will ever spend a day in jail.

[www.rainn.org/statistics](http://www.rainn.org/statistics), August 2009.

### **Healthy Sex**

#### **Consensual**

- Have the right and ability to say yes or no to sexual contact AT ANY POINT, without the threat of consequences or harm
- Be in a clear state of mind, not impaired by drugs and/or alcohol, etc.
- Be able to understand the potential consequences of and alternatives to what is being asked

#### **Compromise**

- Mutual, consensual decision to yield on some issues.
- Involves modifying beliefs and values without giving up values or beliefs.
- Both agree to engage in specified behaviors.
- Open discussion.
- Both have power in the decision-making process.
- Both are equal.

### **Unhealthy Sex/ Sexual Assault**

- **Using drugs or alcohol to get a partner to be sexual is NOT consent or compromise.**
- **An intoxicated partner is NOT in a condition to give consent.**

#### **Compliance**

- Giving in to another's demands, despite going against one's own beliefs or values.
- Compliance is NOT the same as consent or compromise.
- Usually obtained with intimidation or threats.
- May comply in order to survive the situation without further abuse or harm.
- Compliance does NOT involve respect.

#### **Cooperation**

- Going along without actually agreeing, despite going against one's beliefs or wishes.
- May cooperate due to fear of being hurt in some way - physically or emotionally.
- A person can cooperate WITHOUT giving real consent.

## What NOT to Say to Survivors of Sexual Assault

By Lawrence Cohen

### **“Only crazy people need therapy.”**

Some experiences, like rape, are traumatic for virtually anyone, no matter how well adjusted they are. Psychotherapy and rape crisis counseling can be very helpful for women with mild, moderate, or severe problems due to sexual assault.

### **“I’ll kill the guy who did this to you.”**

While anger is a natural reaction, it can be very harmful because the victim, who has faced one man whose anger was out of control, must now try to calm down another man, so that there won’t be more violence.

### **“It’s better not to talk about it.”**

Studies have shown that talking about stressful events speeds up recovery, if people are allowed to talk at their own pace. Let him/her know you’re willing to hear when s/he’s ready to talk.

### **“What are you afraid of me for? I didn’t do it.”**

Rape and incest often make wo/men fear men, or fear sex, at least for a while. It also causes confusion about the relationship between sex and intimacy. Survivors may need to exert and feel more control in a relationship than they did prior to the assault.

### **“It was my fault.”**

Many partners and family members insist on blaming themselves. In fact, sexual assault is no one’s fault except the perpetrators’.

### **“Going to the police (or testifying in court) will just make things worse.”**

In fact, some studies show that reporting to police and testifying, though painful, actually helps wo/men recover. These actions convey the message that our society does not condone violence.

### **“Why can’t you just forget about it?”**

Forgetting may be impossible because the reminders are constant: sex, interactions with men, harassment on the street, being in vulnerable positions, and pornography are all possible reminders.

### **“When you fall off a horse you have to jump right back on.”**

This saying may be true of some fears, but it does not apply to resuming sex after a sexual assault. Let him/her decide when s/he’s ready. Watch out for subtle pressures. If recovery time seems excessive, seek counseling.

### **“What’s the big deal?”**

For many reasons, sexual assault is a very big deal, even for sexually active wo/men, even if it happened many years ago. An assault can totally upset a person’s belief that the world is a safe place, that s/he is in control of her sexuality and his/her body, and that s/he knows who to trust. Rape is not sex; it is a life-threatening act. Incest/sexual abuse is not sex; it is betrayal.

### **“Why didn’t you fight?”**

Freezing, submitting, and fighting are all natural responses to being attacked.

### **“Nothing I say (or do) will help.”**

Yes it can! Allow but don’t force him/her to talk about it and express his/her feelings. Listen without criticism, judgment, or condemnation. Patience and love have healed many wounds.

### **Males as Survivors of Sexual Assault**

- Males are most likely to be sexually abused or assaulted as children or adolescents.
- While there is abuse by older females, it seems that most is perpetrated by older (adolescent or adult) males.
  - Very often, the offender initiates a relationship and meets certain emotional needs of the victim (e.g., to have a father figure) as a means toward achieving his ultimate goal of sexual exploitation.
- As adults, males are most likely to be sexually assaulted by other adult males.
  - Milder versions of this include locker room play in which a male might have his pants pulled down or his buttocks or genitals grabbed by other males.
  - There are also instances in which males who are asleep or intoxicated are undressed or otherwise violated by other males in group settings.
  - Some all-male groups have initiation rites that entail some degree of sexual violation (e.g., forced to undress; required to have a certain type of sexual contact with women - which may result in further sexual victimization of the women involved).
- Males involved in homosexual activity and relationships are vulnerable to sexual assault, in part because of the isolation and secrecy that often surrounds gay sexuality.
  - In some cases, a male may consent to a certain level of sexual contact, only to be coerced or forced into additional activity by the other male.
- Though there are few reports of males being sexually assaulted by females, we cannot assume it does not happen.
  - These instances might be subtle and probably would involve stereotypical assumptions about male sexuality that make it difficult to identify them as sexual assaults.
  - Some of these assumptions include
    - males are always ready and eager to have sex;
    - males must be sexually dominant and in control; and
    - sexual activity with women is desirable under any circumstances - and therefore, cannot be traumatic.
      - When a female initiates sexual contact based on these assumptions, it may be difficult for the male to let her know he is not a willing participant.
- Males who live in certain restrictive settings, such as detention centers and prisons, are more likely than others to be sexually assaulted.
- If a male feels either a female or another male has assaulted him, he might be reluctant to report it or seek help because of the fear that he will be perceived as un-masculine/homosexual or that others will not take his complaint seriously.

## **Suicide**

### **Safety and Intervention Plan for Suicide and Self Harm**

- 1. Remain calm.**
  - a. Be confident that seeking help is in the best interest of the person.
- 2. Get assistance.**
  - a. Do not take full responsibility by trying to be the sole resource.
    - i. Seek out your Area Coordinator, Professional Staff Member on call, Counseling Center Staff, Campus Safety and 911 Emergency services as deemed appropriate in the situation.
  - b. Seek out resources even if it means breaking a confidence.
  - c. Let the person know that you are so concerned that you are willing to arrange help beyond that which you can offer.
- 3. Deal directly with the topic of suicide.**
  - a. Don't be afraid to ask or talk directly about suicide.
- 4. In the event of an immediate emergency ask:**
  - a. Is this person currently receiving mental health services or have they in the past?
  - b. Is this person taking any medications?
  - c. Is overdose a possibility?
  - d. Is there any indication or report of chemical use?
  - e. Has the individual ever had suicidal thoughts before or attempted suicide before?
- 5. Seek support.**
  - a. Dealing with suicide or suicide attempts can be very stressful, emotionally and physically exhausting.
    - i. Don't hesitate to seek out your Area Coordinator, Head Resident, the Counseling Center staff, Chaplain staff, and other resources.